

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER YES ON 19: SENIORS, TAXPAYER ADVOCATES, AND REALTORS			Date of This Filing <u>10/01/2020</u>	Date Stamp Page 1 of 6	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213)624-6200	I.D. NUMBER (if applicable) 1400190		Report No. <u>10012020</u>		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY SACRAMENTO	STATE CA	ZIP CODE 95814	No. of Pages <u>6</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/28/2020	CALIFORNIA DEMOCRATIC PARTY SACRAMENTO, CA 95811 ID# 741666 Memo Reference: NON:S497:557	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$14.31
09/28/2020	CALIFORNIA DEMOCRATIC PARTY SACRAMENTO, CA 95811 ID# 741666 Memo Reference: NON:S497:558	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$290.24
09/29/2020	CALIFORNIA DEMOCRATIC PARTY SACRAMENTO, CA 95811 ID# 741666 Memo Reference: NON:S497:559	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$173.19

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment:

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AREA CODE/PHONE NUMBER (213)624-6200	I.D. NUMBER (if applicable) 1400190	Report No. <u>10012020</u>			
STREET ADDRESS 					
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			No. of Pages <u>6</u>		

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09/29/2020	CALIFORNIA DEMOCRATIC PARTY SACRAMENTO, CA 95811 ID# 741666 Memo Reference: NON:S497:560	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$37.67
09/29/2020	CALIFORNIA DEMOCRATIC PARTY SACRAMENTO, CA 95811 ID# 741666 Memo Reference: NON:S497:561	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$24.00
09/29/2020	CALIFORNIA DEMOCRATIC PARTY SACRAMENTO, CA 95811 ID# 741666 Memo Reference: NON:S497:562	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$334.01

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OTH - Other	

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NAME OF FILER YES ON 19: SENIORS, TAXPAYER ADVOCATES, AND REALTORS			Date of This Filing <u>10/01/2020</u>	Date Stamp Page 3 of 6	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only
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STREET ADDRESS					
CITY SACRAMENTO	STATE CA	ZIP CODE 95814			
			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages <u>6</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/29/2020	CALIFORNIA DEMOCRATIC PARTY SACRAMENTO, CA 95811 ID# 741666 Memo Reference: NON:S497:563	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4.80
09/29/2020	CALIFORNIA DEMOCRATIC PARTY SACRAMENTO, CA 95811 ID# 741666 Memo Reference: NON:S497:564	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$204.73
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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STREET ADDRESS					
CITY SACRAMENTO	STATE CA	ZIP CODE 95814			

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Memo Reference: NON:S497:564
NON-MONETARY CONTRIBUTION

Memo Reference: NON:S497:563
NON-MONETARY CONTRIBUTION

Memo Reference: NON:S497:562
NON-MONETARY CONTRIBUTION

Memo Reference: NON:S497:561
NON-MONETARY CONTRIBUTION

Memo Reference: NON:S497:560
NON-MONETARY CONTRIBUTION

Memo Reference: NON:S497:559
NON-MONETARY CONTRIBUTION

Memo Reference: NON:S497:558
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